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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of)

Weissman et al.)

For: IMPROVED DIVERSITY
COVERAGE

Serial No.: 09/892,365)

Filed: June 26, 2001)

) Group No. 2683

RESPONSE TO OFFICE ACTIONCommissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Attention: Examiner Marcos L. Torres

Dear Examiner:

In response to the Official Action dated April 22, 2003, please enter and consider the following remarks:

I hereby certify that this correspondence is being sent via facsimile to the Commissioner for Patents, P.O. Box 1420, Alexandria, VA 22313-1450; on:

July 22, 2003

(Date of Deposit)

Keely Culver
(Name of the Person Making Deposit)K Culver
(Signature)

July 22, 2003

(Date of Signature)

[000298C1]

1

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5775 Morehouse Drive,
San Diego, California 92121-2779
(858) 845-8450 Fax: (858) 658-2502

Facsimile Transmittal

DATE: July 22, 2003

TO: Examiner Marcos L. Torres

FIRM: U.S. PATENT AND TRADEMARK OFFICE

FAX : (703) ~~308-8308~~ 872-9314

FROM: Donald Kordich

PHONE: (858) 658-5928

FAX (858) 685-2502

Application No.: 09/892,365

Number of Pages Sent: 5 (including this transmittal cover sheet)

Attached for filing please find a response to the Office Action dated April 22, 2003.

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PTO/SB/21



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 T-985 P.002/005 F-791
 U.S. Department of Commerce
 Patent and Trademark Office
 PATENT

AMENDMENT TRANSMITTAL FORM

 Commissioner for Patents
 P.O. Box 1450, Alexandria, VA 22313-1450

 Attorney Docket No.: 000298C1
 In Re Application of: Weissman et al.
 Serial Number: 09/892,365
 Filed: June 26, 2001
 Examiner: Marcos L. Torres
 Group Art Unit: 2683

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.
 In addition, the following documents are enclosed:

1. ☐ A Request for a 0 Month Extension of Time is hereby requested.
2. ☐ Information Disclosure Statement (IDS):
 - a. ☐ PTO-1449
 - b. ☐ Copies of IDS Citations (number of citations:)
3. ☐ Change of Attorney's Address in Application.
4. ☐ Other: sheets of formal drawings.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entry Fee	Fee Paid
Total*	10	20	0	x \$18 =	\$0
Independent**	2	3	0	x \$84 =	\$0
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input type="checkbox"/> No				\$280	\$0
EXTENSION FEES				<input type="checkbox"/> One Month	\$110
				<input type="checkbox"/> Two Months	\$410
				<input type="checkbox"/> Three Months	\$930
				TOTAL FEE	\$0

*If the number in column a is less than 20, enter 0 in column c.
 **If the number in column a is less than 3, enter 0 in column c.

5. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
6. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$0.
 The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
7. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: July 22, 2003

Signature:

 Donald Kordich, Reg. No. 38,213
 (858) 658-5928

 QUALCOMM Incorporated
 Attn: Patent Department
 5775 Morehouse Drive
 San Diego, California 92121-1714
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